

Electronic Funds Transfer (EFT) Application – 9-1-1 Charges

Issued under P.A. 122 of 1941. Filing is mandatory if you wish to pay by EFT.

Use this form to notify Treasury that you intend to file electronically. Electronic filing may begin after you receive Treasury's approval.

SECTION 1: ACCOUNT INFORMATION

Business Name and Address (Type or print clearly)	Business Identification Number
	Contact Person Telephone Number
Contact Person	Contact Person Fax Number

Use the following tax code when transmitting your payment:

<u>Tax Type</u> State 9-1-1 and Emergency 9-1-1 Charges (CMRS Emergency Telephone Fund)	<u>Tax Codes</u> (04901)
---	-----------------------------

SECTION 2: EFT DEBIT OR CREDIT AUTHORIZATION

Please be aware of officer, member or partner liability as provided in Michigan Compiled Laws 205.27a(5):

"If a corporation, limited liability company, limited liability partnership, partnership, or limited partnership liable for taxes administered under this act fails for any reason to file the required returns or pay the tax due, any of its officers, members, managers, or partners who the department determines, based on either an audit or an investigation, have control or supervision of, or responsibility for, making the returns or payments is personally liable for the failure....."

☐ **Authorization for EFT Debit**

By checking this box, you agree to use the format adopted by the Michigan Department of Treasury to pay the State 9-1-1 and Emergency 9-1-1 Charges using EFT Debit. By signing below, you are providing permission to access your bank account to withdraw the funds you authorize.

I authorize the State of Michigan and its authorized contractor to make variable withdrawals by electronic transfer from the designated financial institution and account. I understand that only the withdrawals I authorize will be made and that this process is protected by a password and a user code. I understand that I may cancel this authorization at any time by sending a written notice to the address noted below. I agree to comply with the National Automated Clearing House Association Rules and Regulations about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. Michigan law governs electronic funds transactions authorized by this agreement in all respects except as otherwise superseded by federal law. If multiple signers are required to authorize a withdrawal of funds, all must sign this form.

Signature of Responsible Officer	Title	Date
----------------------------------	-------	------

☐ **Authorization for EFT Credit**

By checking this box, you agree to use the format adopted by the Michigan Department of Treasury to pay the State 9-1-1 and Emergency 9-1-1 Charges using EFT Credit. See Instructions for Payment of 9-1-1 Charges Using EFT Credit (Form 4668). We recommend you electronically send a test (\$0.00 or \$.01 transmission, completely formatted) before written approval is provided and actual filing can begin. A signature of the Responsible Officer is required below before this application is processed.

I agree to follow the formats adopted by the Michigan Department of Treasury for the charges noted above. I agree to notify Treasury in advance of any change in my filing method.

Signature of Responsible Officer	Title	Date
----------------------------------	-------	------

CERTIFICATION

Corporations, partnerships, LLP's or LLC's must complete this section before this form can be processed. This officer, member or partner certification must be resubmitted when there is a change in the individual responsible for filing and/or paying Michigan taxes.

Signature of Corporate Officer, Partner or Member responsible for reporting and/or paying Michigan taxes	Date
Type or Print Name	Title

All information requested above must be completed and accurate before your application can be processed. Mail or fax the completed application to the Michigan Department of Treasury for approval. Allow 4 weeks for processing.

TREASURY USE ONLY	
Treasury Approval	Date

If you have any questions, contact the Michigan Department of Treasury at (517) 636-4730. You may fax this form to (517) 636-4356, or mail this form to: Return Processing Division
Michigan Department of Treasury
Lansing, MI 48909